



STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION  
OFFICE OF FAIR HEARINGS

FILED

Nov 20, 2020, 8:51 am  
OFFICE OF FAIR HEARINGS

[REDACTED]  
  
PETITIONER,

AHCA Case No.: 20-FH [REDACTED]  
Plan ID No.: [REDACTED]

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.  
  
\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the above-styled case on October 27, 2020, at [REDACTED].

**APPEARANCES**

For the Petitioner: [REDACTED]  
Authorized Representative

For the Respondent: Maria Mojica  
Compliance Specialist  
Sunshine State Health Plan, Inc.

**STATEMENT OF ISSUE**

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of sixteen (16) hours per week of Adult Companion Care services was incorrect.

**PRELIMINARY STATEMENT**

All parties and witnesses appeared for the Fair Hearing telephonically. [REDACTED] (“Petitioner’s Authorized Representative” or “[REDACTED]”), Petitioner’s granddaughter, appeared for the Fair Hearing to provide testimony and did not call any witnesses. Maria Mojica, Compliance Specialist for Sunshine State Health Plan, Inc. (“Sunshine Health”), appeared for the Fair Hearing as a representative for Respondent. The following persons appeared for the Fair Hearing as witnesses for Respondent: Talia Aguiar, Supervisor of Case Management for Sunshine Health; Alicia Schwarts, Manager of Case Management for Service Area One for Sunshine; Charles Hill, Care Coordinator for Sunshine Health; Melissa Layne, Senior Manager for Member Appeals for Sunshine Health; and Dr. Sapnalaxai Amin (“Dr. Amin”), Medical Director for Sunshine Health. Chrissy Simmons, Medical Health Care Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as an observer.

Petitioner’s Authorized Representative did not introduce any exhibits at the Fair Hearing. Respondent introduced an evidence packet containing one hundred and twenty-six (126) pages, which was admitted into evidence as Respondent’s Composite Exhibit 1. Respondent’s Composite Exhibit 1 included the following: a Table of Contents; the Medicaid Fair Hearing Summary (dated October 13, 2020); a Notice of Adverse Benefit Determination (“NABD”) (dated August 21, 2020); a Long Term Care Person-Centered Plan (“Previous Plan of Care”) (signed by Care Manager on August 11, 2020); a Long Term Care Person-Centered Plan (“Current Plan of Care”) (signed by Care Manager on September 17, 2020); a Florida Department of Elder Affairs: 701B Comprehensive Assessment (“701B Comprehensive Assessment”) (dated August 19, 2020); a 701B Comprehensive Assessment (dated September 17, 2020); [REDACTED] email request

for a plan appeal (dated August 28, 2020); a Prescription from [REDACTED] (“[REDACTED]”) (dated [REDACTED] 2020); Medical records from [REDACTED] (undated); Medical record from [REDACTED] [REDACTED] (dated [REDACTED], 2020); an Expedited Appeal Acknowledgment letter (dated August 28, 2020); a Notice of Plan Appeal Resolution (“NPAR”) (dated August 30, 2020); Sunshine Health Policy and Procedure: LTC (Long Term Care) Ancillary Service Criteria (LT.UM.09) (“LTC Ancillary Service Criteria”); and the Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.010 (166).

### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of Sunshine Health’s Long-Term Care (“LTC”) Program. See Respondent’s Composite Exhibit 1, page 2. Sunshine Health is a Medicaid Managed Care organization contracted by the Agency to provide services to eligible Medicaid recipients in the State of Florida.

2. Petitioner is a [REDACTED] year old woman residing in the community with a primary caregiver, [REDACTED]. *Id.* at 49-50. [REDACTED], Petitioner’s daughter-in-law, does not work outside of the home. *Id.* at 63. Petitioner is experiences the following mental health conditions: Dementia; Disorientation; Cognitive impairment; Wandering; Paranoia; Depression; Insomnia; Hallucinations; Anxiety; and Major depressive disorder. *Id.* at 51, 53, 69. Petitioner uses a hearing aide. *Id.* Petitioner has a history of hospitalizations and falls. *Id.* at 53. Petitioner experiences the following physical health conditions: Allergies; Osteoarthritis; High blood pressure; High cholesterol; Frequent dizziness; Poor balance; Heart problems; Constant bladder incontinence; Constant bowel incontinence; Osteoporosis; Thyroid problems; and Angina; and Urinary Tract Infection (“UTI”). *Id.* at 55-56.

3. Petitioner’s provider, [REDACTED], prescribed “Home Health Agency services 6 hours per day, 5 days per week for Personal Care services”, based on a diagnosis of functional decline. *Id.* at 68.

4. Petitioner needs assistance (but not total help) with Activities of Daily Living (“ADLs”) such as bathing, dressing, and using the bathroom. *Id.* at 53. Petitioner needs supervision or prompt with eating, transferring, and walking/mobility. *Id.*

5. Petitioner needs total assistance with Instrumental Activities of Daily Living (“IADLs”) such as heavy chores, light housekeeping, managing money, preparing meals, and shopping. *Id.* at 54. Petitioner needs assistance (but not total help) with using the telephone, managing medication, and using transportation. *Id.*

6. On August 19, 2020, Sunshine Health received Petitioner’s request for an additional sixteen (16) hours per week of Adult Companion Care services. *Id.* at 4-5. On August 21, 2020, Sunshine Health issued an NABD denying Petitioner’s request for additional Adult Companion Care services. *Id.* The NABD stated as follows:

We made our decision because:  
(Check all boxes that apply)

We determined that your requested services are **not medically necessary** because the services do not meet the reason(s) checked below: (See Rule)

...

Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services.

1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice

...

The facts that we used to make our decision are: The request for an additional 16 hours per week of companion care services was reviewed by the Medical Director who concluded, "The request for an extra 16 hours per week of Companion Care Services is denied for lack of medical necessity. **Based on the assessment, the member's currently approved services are adequate to meet the member's care needs.**

**The member's present care plan includes:**

- **14 hours per week of Personal Care Services**
- **3 hours per week of Homemaker Services**
- **11 hours per week of Companion Care Services.**

**This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.**

*Id.* (Emphasis added).

7. On August 30, 2020, Sunshine issued an NPAR denying Petitioner's plan appeal. *Id.* at 88.

The NPAR stated as follows:

On August 28, 2020 we received your timely plan expedited appeal request about Sunshine Health's Notice of Adverse Benefit Determination dated August 21, 2020, Notice of Adverse Benefit Determination Number [REDACTED], DENYING the additional 16 hours weekly of companion care (the person who helps and watches over you), provided to [Petitioner].

On August 29, 2020, after consideration of the information you provided to Sunshine Health in support of your expedited plan appeal, Sunshine Health hereby DENIES your plan appeal. As a result, [Petitioner] will not receive the additional 16 hours weekly of companion care (the person who helps and watches over you), effective August 29, 2020.

The reason for our decision was: The reconsideration of the request for the additional 16 hours per week of Companion Care Services is denied. Original denial is upheld. **Companion Care is provided to prevent social isolation (being alone). Companion Care is not hands on care. The member has regular contact with family and there is a low risk of social isolation.**

**This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.**

This decision was made by a Medical Director who is Board Certified in Cardiovascular Disease.

*Id.* (Emphasis added).

8. On September 17, 2020, Petitioner's Authorized Representative timely requested a Fair Hearing to contest Respondent's denial of Adult Companion Care services.

9. At the hearing and under oath, [REDACTED] confirmed that Petitioner resides with [REDACTED] mother in a home and [REDACTED] mother provides over twenty (20) hours per week of "unpaid support" for the Petitioner. [REDACTED] confirmed that Petitioner receives eleven (11) hours per week of Adult Companion Care services. [REDACTED] testified that she provides some support for the Petitioner, but did not quantify it into hours per week. [REDACTED] argued at that Petitioner requires 24-hour supervision and that Petitioner only has the natural support in place until more services can be provided by Sunshine Health. [REDACTED] argued that Petitioner now requires "max assist" with all ADLs.

10. At the hearing and under oath, Dr. Amin testified that ADLs and IADLs are not a consideration when it comes to Adult Companion Care services. Respondent determined that Petitioner's request was not medically necessary because Petitioner is not at-risk for social isolation upon consideration of Petitioner's natural supports and Petitioner's current long-term care services.

**CONCLUSIONS OF LAW**

11. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Florida Statutes ("Fla. Stat.") § 409.285(2) (2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

12. Pursuant to Fla. Admin. Code R. 59G-1.100(17)(b), this hearing was held as a *de novo* proceeding.

13. The burden of proof in this proceeding is governed by Fla. Admin. Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service. **The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service.** The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

(Emphasis added).

14. Because Petitioner requested a new service, the burden of proof is on the Petitioner. *See* Fla. Admin. Code R. 59G-1.100(17)(g). The standard of proof in an administrative hearing is a preponderance of the evidence. *Id.* The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.).

15. The Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy ("LTC Policy") (March 2017), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs LTC services available to eligible Medicaid recipients in the State of Florida.

The LTC Policy provides as follows:

#### **1.1 Description and Program Goal**

Under the Statewide Medicaid Managed Care Long-term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and

community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

### **1.3 Definitions**

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

#### **1.3.1 Activities of Daily Living (ADLs)**

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

#### **1.3.5 701-B Comprehensive Assessment**

An individualized, complete assessment of an individual's medical, developmental, behavioral, social, financial, and environmental status. The assessment is conducted by a trained individual employed by the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) program or the LTC plan, to determine eligibility for the LTC program based on the need for a nursing facility level of care.

#### **1.3.9 Instrumental Activities of Daily Living (IADLs)**

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Medication management
- Money management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

#### **1.3.14 Medically Necessary or Medical Necessity**

For the purposes of this policy, the service must meet either of the following criteria:

- a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.
  - b) All other LTC supportive services must meet all of the following:
    - Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
    - Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
    - Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider
- And, one of the following:
- Enable the enrollee to maintain or regain functional capacity; or
  - Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

### **1.3.16 Natural Supports**

Unpaid supports that are provided voluntarily to the individual in lieu of home and community-based services and supports.

...

## **4.1 General Criteria**

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary;
- Do not duplicate another service; and
- Meet the criteria as specified in the policy.

## **4.2 Specific Criteria**

Florida Medicaid LTC plans cover services that meet all of the following:

- Consistent with the type, amount, duration, frequency, and scope of services specified in an enrollee's authorized plan of care
- Provided in accordance with a goal in the enrollee's plan of care
- Intended to enable the enrollee to reside in the most appropriate and least restrictive setting

...

### **4.2.1 Home and Community-Based Supportive Services**

The LTC program benefit includes coverage of the following home and community-based supportive services:

#### **4.2.1.1 Adult Companion Care**

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a

functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

**4.2.1.9 Homemaker Services**

The provision of general household activities (such as meal preparation) and routine household care (including laundry and pest control) by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities.

...

**4.2.2 Mixed Services**

Mixed services may exceed State Plan limits on those services in accordance with this policy. The Long-term Care benefit includes coverage of the following mixed services:

...

**4.2.2.3 Hospice**

In accordance with Rule 59G-4.140, F.A.C.

**4.2.2.6 Personal Care**

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

*Id.*

16. Respondent relied upon the LTC Ancillary Service Criteria to make its Medical Necessity determination. See Respondent’s Composite Exhibit 1, pages 95-126. The LTC Ancillary Service Criteria states as follows regarding Adult Companion Care services:

**1. Determinants for Services**

When considering the level of support the member requires and which of the ancillary services may support the member’s cognitive, functional, environmental, and social needs, several elements are to be considered. The review for the medical necessity of the ancillary services includes consideration of the member’s support needed due to ADL deficits, living situation, and supervision needs.

- a) Activities of Daily Living (ADL’s)/Instrumental Activities of Daily Living (IADL’s)
  - Independent where member is able to provide the task without support, with or without assistive devices

- Minimal functional impairment where the ADL's require one of the following:
  - Supervision
  - At least minimum assistance
  - Member ambulates with assistance of a person or a device
  - Member transfers require at least minimum assistance
- Moderate functional impairment where two of the follow apply
  - Member has ADLs requiring at least minimal assistance
  - Member ambulates with assistance of a person or device
  - Member transfers require at least minimum assistance
- Maximum and persistent functional impairment without available caregiver support where all of the following exist:
  - Member has ADLs requiring total assistance
  - Member is non-ambulatory
  - Member transfers require one (1) to two (2) person assist
  - Member's treating physician has certified that member meets Maximum unctional impairment.

b) Living situation consideration

- Lives alone.
- Lives with family (with consideration of the number of days and hours that family members are not available to assist the member). Lives with non-family (with consideration of the number of days and hours that nonfamily members are not available to assist the member).

c) Supervision needs, including:

- Wandering risk: Member has already been found to leave their home unsafely and/or is unable to find their way back.
- Confused/disoriented and at risk to themselves: Member is confused and/or disoriented to the point that they are unable to perform functional activities, and if they do are at risk of harm to themselves.
- Member has a cognitive impairment that prevents them from knowing when or how to carry out personal care tasks and caregivers are not able to provide the services. The member is incapable of learning despite efforts to train in the care tasks. The member has memory deficits, which prevent them from managing care tasks.
- Member is unable to call for help, even with a personal emergency response unit. Member's medical status will not permit the member to all for help, even with assistance of a personal emergency response unit.

d) Available Supports

- No assistance needed or Always has assistance
- Has assistance most of the time

- Rarely has assistance
- Never has assistance

#### Services in Place

- Provided by Sunshine Health
- Provided by other Provider insurance

The criteria for each ancillary service is described below:

## **2. Adult Companion Care**

Adult Companion Care services provide non-medical care, supervision, and socialization to a functionally impaired adult. Companions supervise the member with tasks such as meal preparation, laundry, and/or shopping, but do not perform these activities as discreet services. The provision of companion services does not entail hands-on nursing care. The service includes light housekeeping tasks include Adult Companion Care to the care and supervision of the member. The provision of services is provided at the member's residence when supervision is necessary.

### Approval Criteria

To be considered for Adult Companion Care Services, a member must have a qualifying trigger diagnosis and meet the minimal criteria for the sixteen (16) dimensions of determination as discussed here.

#### a) Trigger diagnosis include:

- Advanced Alzheimer's disease & dementia
- Mental Illness requiring supervision
- Parkinson's disease
- Multiple Sclerosis
- ALS
- Congestive Heart Failure
- COPD
- Cancer
- End Stage Renal disease
- TBI
- Other diagnosis as deemed medically necessary by Medical Director

#### b) Sixteen (16) Dimensions of Determination

- Need for Supervision – safety risk if left without supervision
  - See Section C.1.c. for more details
- Informal Supports
  - None
  - Few friends/family in area
  - Family nearby

- Living Situation
  - Lives alone
  - Lives with others but is alone for extended periods of time due to the necessary absence of a caregiver
  - Lives with caregiver and others
- Services in Place
  - Sunshine Health provided and provided by other provider/insurance

Exclusions and Limitations for Adult Companion Care include but are not limited to:

1. Service must be provided at member's residence.
2. Member must reside in a non-facility based setting.
3. Member resides alone or resides with others and is left alone for long periods where member is at risk.
4. Member is at risk of social isolation.
5. Member has cognitive impairment that prevents them from knowing when or how to carry out personal care tasks.
6. The member has memory deficits, which prevent him or her from managing care tasks.
7. Member requires hands on assistance to carry out ADL tasks.
8. Member attends Adult day care or engages in community group or social events, unless service is needed for supervision. The provider must be awake during the provision of companion services, and the services shall not be provided overnight.
9. Adult Companion Care services provided by Sunshine Health may not duplicate services that are provided under by another provider.
10. Cognitive ability of member to engage in and comprehend conversation with others
11. Care, grooming, or feeding of pets and animals
12. Yard work, gardening, or home maintenance work
13. Escort Services

Respondent's Composite Exhibit 1, pages 95-126.

17. Based on the NABD and the NPAR, Respondent denied Petitioner's request for sixteen (16) hours per week of Adult Companion Care services. *See supra* ¶ 6-7. Specifically, the NABD determined that Petitioner's current LTC services are adequate to meet the Petitioner's needs. *See supra* ¶ 6. At the hearing, Dr. Amin testified that Petitioner's request was not medically

necessary because Petitioner is not at-risk for social isolation upon consideration of Petitioner's natural supports and Petitioner's current long-term care services. *See supra* ¶ 10.

18. Both the NABD and the NPAR disclosed that the denial of sixteen (16) hours per week of Adult Companion Care services was made with the LTC Ancillary Service Criteria. *See supra* ¶ 6-7. As for the LTC Ancillary Service Criteria criteria at issue, Dr. Amin argued that Petitioner is not at-risk for social isolation. *See supra* ¶ 10. The LTC Ancillary Service Criteria for Adult Companion Care services weighs two factors: Trigger diagnosis; and Sixteen (16) Dimensions of Determination (Need for supervision; Informal supports; Living Situation; and Services in place). *See supra* ¶ 17. Petitioner is diagnosed with a trigger diagnosis (Dementia). *See supra* ¶ 2. The record indicates that Petitioner is a safety risk if left without supervision due to Petitioner's mental health conditions and a history of falls and hospitalizations. *See supra* ¶ 2. Petitioner lives with [REDACTED] mothers who provides twenty (20) hours of unpaid care to the Petitioner. *See supra* ¶ 2, 9. [REDACTED] also provides some natural support to the Petitioner. *See supra* ¶ 9. Also, Petitioner receives a combined twenty-eight (28) hours per week of LTC services (14 hours per week of Personal Care Services, 3 hours per week of Homemaker Services, and 11 hours per week of Companion Care Services). *See supra* ¶ 6. The undersigned considered Petitioner's Authorized Representative's testimony with respect to Sunshine's internal criteria, the Definitions Policy criteria for Medical necessity, and the LTC Policy criteria for Medical Necessity with respect to Adult Companion Care services.

19. Adult Companion Care services are covered if they are determined to be medically necessary. Because Adult Companion Care services are classified as a Home and Community-Based Supportive Service, the LTC Policy's definition of medical necessary applies. To be

medically necessary, a service must meet the criteria set forth in the section 1.3.14 of the LTC Policy. Based on the record, *supra* ¶ 17, Respondent denied Petitioner's request for Adult Companion Care services for not meeting the following medical necessity standard: must be individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient's needs. This criterion is outlined in the LTC Policy's definition of medical necessity. See *supra* ¶ 15.

20. The record indicates that the sixteen (16) hours per week of Adult Companion Care services are in excess of the Petitioner's needs. The record indicates that Petitioner resides with [REDACTED] mother, who provides twenty (20) hours per week of unpaid care for the Petitioner and does not work outside of the home. Petitioner also receives natural support from [REDACTED]. Dr. Amin asserted that Petitioner's request was not medically necessary because Petitioner is not at-risk for social isolation upon consideration of Petitioner's natural supports and Petitioner's current long-term care services. [REDACTED] asserted that Petitioner's natural support is only in place until Sunshine Health can provide more services for Petitioner. [REDACTED] also testified that Petitioner needs the sixteen (16) hours per week of Adult Companion Care services Petitioner now requires "max assist" with all ADLs. See *supra* ¶ 9. However, the LTC Policy labels such tasks under Personal Care services and Homemaker services, not Adult Companion Care services. In addition, [REDACTED], prescribed Home Health Agency services 6 hours per day, 5 days per week for Personal Care services, based on a diagnosis of functional decline. Further, the provider recommendation addresses a need for Personal Care services, not Adult Companion Care services, which are the subject matter of the hearing. Although the record indicates that Petitioner requires supervision, the record supports a finding

that Petitioner receives supervision both through her natural supports and her home health services. Based on the record, Petitioner has not demonstrated that sixteen (16) hours per week of Adult Companion Care services were not in excess of Petitioner's needs at this time. Thus, the Petitioner has not met criterion number two for medical necessity.

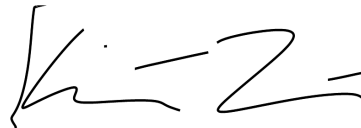
21. Accordingly, upon consideration of Respondent's Composite Exhibit 1, the parties' sworn testimony, evidence, and the aforementioned applicable laws and policies, the undersigned concludes that Petitioner failed to prove that sixteen (16) hours per week of Adult Companion Care services, at issue, are medically necessary. The undersigned finds that Petitioner did not prove by a preponderance of the evidence that Respondent's denial of sixteen (16) hours per week of Adult Companion Care services was incorrect.

**DECISION**

Respondent's denial of sixteen (16) hours per week of Adult Companion Care services is **AFFIRMED**. Petitioner's request for relief is hereby is **DENIED**.

**DONE and ORDERED** this 20th day of November, 2020, in Tallahassee, Leon County, Florida.

Digitally signed by  
Kristopher León  
Reason: 20-FH [REDACTED]  
Date: 2020.11.20  
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**KRISTOPHER LEÓN, Hearing Officer**  
**Agency for Health Care Administration**  
**Office of Fair Hearings**  
**2727 Mahan Drive, Mail Stop # 11**  
**Tallahassee, FL 32308-5407**  
**Office: (850) 412-3649**  
**Fax: (850) 487-1423**  
**Email: OfficeOfFairHearings@ahca.myflorida.com**

**NOTICE OF A RIGHT TO JUDICIAL REVIEW**

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

**COPIES FURNISHED TO:**



**Sunshine Health**  
**SunshineHealth\_MFH@centene.com**

**AHCA Medicaid Hearing Unit**  
**MedicaidHearingUnit@ahca.myflorida.com.**